

Case Number:	CM15-0063380		
Date Assigned:	04/09/2015	Date of Injury:	11/18/2013
Decision Date:	05/15/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/03/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 33 year old female, who sustained an industrial injury on 11/18/13. The injured worker has complaints of back pain, specifically the mid back. Physical examination showed left wrist joint line was tender to palpation; thoracolumbar spine, paravertebral muscles are tender to palpation, spasm was present and restricted range of motion; left hip greater trochanter was tender to palpation and left ankle range of motion was restricted in flexion, sensation was reduced in the dorsum of the left foot and talofibular ligament was tender to palpation. The diagnoses have included postsurgical status not elsewhere classified; lumbar strain/sprain; closed carpal fracture not otherwise specified; closed fracture of dorsal (thoracic) vertebra without spinal cord injury and closed ankle fracture not otherwise specified. Treatment to date has included magnetic resonance imaging (MRI) of the thoracic spine; pain medications allows her to function; acupuncture with no improvement and home therapy and exercises to strengthen her core and reduce her pain. The request was for naproxen sodium 550mg quantity 30; orphenadrine extended release 100 mg quantity 60 with 2 refills and norco 10/325mg quantity 60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Naproxen sodium 550mg QTY: 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drug).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 181, 271, 308, 376.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that NSAIDs are recommended for back, neck, wrist, and ankle conditions. The primary treating physician's progress report dated 2/18/15 documented subjective complaints of back pain. Physical examination demonstrated left wrist tenderness, thoracolumbar spine tenderness and restricted range of motion, left hip tenderness, and left ankle tenderness and restricted range of motion. Analgesia and activities of daily living improvement with medications were addressed. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. ACOEM guidelines supports the use of the NSAID Naproxen. Therefore, the request for Naproxen is medically necessary.

Orphenadrine ER 100mg QTY: 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines FDA Prescribing Information Orphenadrine (Norflex) <http://www.drugs.com/pro/orphenadrine-extended-release-tablets.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Orphenadrine Citrate (Norflex) has been reported in case studies to be abused for euphoria and to have mood elevating effects. FDA Prescribing Information states that Orphenadrine Citrate (Norflex) is indicated for acute musculoskeletal conditions. Orphenadrine has been chronically abused for its euphoric effects. The mood elevating effects may occur at therapeutic doses of Orphenadrine. Medical records indicate the long-term use of Orphenadrine (Norflex) for chronic conditions. Medical records indicate the long-term use of muscle relaxants for chronic conditions. MTUS and ACOEM guidelines do not recommend the long-term use of

muscle relaxants. FDA guidelines state that Orphenadrine (Norflex) is indicated for acute conditions. The long-term use of Norflex for chronic conditions is not supported. The patient has been prescribed the NSAID Naproxen. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. MTUS, ACOEM, and FDA guidelines do not support the use of Orphenadrine (Norflex). Therefore, the request for Orphenadrine ER 100 mg #60 with 2 refills is not medically necessary.

Norco 10/325mg, QTY: 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 47-48, 181-183, 212-214, 271-273, 308-310, 376-377, Chronic Pain Treatment Guidelines Opioids Page 74-96. Decision based on Non-MTUS Citation Drug Enforcement Administration
http://www.deadiversion.usdoj.gov/fed_regs/rules/2014/fr0822.htm
http://www.deadiversion.usdoj.gov/faq/mult_rx_faq.htm#7.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for back, wrist, and ankle conditions. Pursuant to the Controlled Substances Act, the Drug Enforcement Administration rescheduled Hydrocodone combination products from schedule III to schedule II effective October 6, 2014. The issuance of refills for a schedule II controlled substance is prohibited by law. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck conditions. Per MTUS, the lowest possible dose of opioid should be prescribed. The primary treating physician's progress report dated 2/18/15 documents a prescription for Norco 10/325 mg #60 with 2 refills. Norco is a schedule II Hydrocodone combination product. Per DEA rules, the issuance of refills for a schedule II controlled substance is prohibited by law. Therefore, the request for Norco 10/325 mg quantity 60 tablets with 2 refills is prohibited by law. The request for Norco 10/325

mg #60 with 2 refills is not supported by MTUS / ACOEM guidelines. Therefore, the request for Norco 10/325 mg #60 with 2 refills is not medically necessary.